

Application Number: _____
Fee Paid: \$ _____

Village of Croton-on-Hudson, New York
Application for Blasting Permit

Date: _____

Applicant: _____
Name

Telephone Number: _____

Location of Work: _____

Street Address

Section: _____ Block: _____ Lot: _____

Owner of Premises: _____
Name

Exact nature and amount of blasting agent to be used; amounts to be stored on site; exact nature of security facilities for such storage:

Blasting to Commence: _____; to end: _____
Date Date

Attach Certificate of Insurance naming the Village of Croton-on-Hudson as additional insured.

Applicant certifies that he/she is authorized by the Owner of subject premises to conduct the blasting operations described above.

Signature of the Applicant

NYS Explosives License Number: _____

Expiration Date: _____

Notary Public